V.I	1 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8 8	6241 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
should should cremotic	1. PLACE OF BEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) O. STATE County
Page ,	b. CITY OR TOWN of outside corporate limits, write BURAL ond give nearest town) and give nearest spring all for f
day is necdory files.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES \(\sigma \) NO \(\sigma \)
any dela funeral or r your fi registror	3. NAME OF DECEASED (Type or print) ALVIN C. Middle BIRZA 4. DATE OF DEATH OF DEATH DATE OF DEATH
to the foiled for the first the formula for th	5. SEX M 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years load birthday) Min. WIDOWED DIVORCED DIVORCED 7. Months Days Hours Min.
ond 2 v be rette	10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
S moo	13. FATHER'S NAME Charles LANKNOWN
thin 24 l	15. WAS DECEASED EVER IN U. S. ARMED FORCEST, 14. BOCIAC SECTION VO. 17 MORDINANT Address POLICE IN THE SECTION OF THE SECTION
uted wi 118. C rm PM3 permit.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)
in limit with for	Conditions, if any, which) on Arestury & Arestury
hould b	gove rise to immediate couse (a), stating the underlying cause last.
ifficate s ding" ir	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Riding as outside front seat passenger of 3 in a convertible
This centron of The Staminer of the total of	
INEEE The wo	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stote) I'm Hour and p. m. (2 1 1 195) While at work
EXAM riting of Med Asset Med	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that
CAL	death resulted from Nathral causes [], Accident [], Suicide [], Hamicide [], Undetermined eduse [].
All Dik	ACTUAL SIGNATURE ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
DEPUTY the the conveyded FUNERAL	THAME (TYPO) LIEL DEPUTY MEDICAL EXAMINER D
TO FOR	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) [RANSPORTS 18-37 [State]
VS. AISME(S)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
5M, 9/55	J. D. Sepinson - Honordrawn My DATE (JOU) J (Land Hauser

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TUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

HTAPS TO STADISTICS

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
. S e		6243 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
should		1. PLACE OF DEATH O. COUNTY MARYLAND 1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND 1. PLACE OF DEATH O. COUNTY MARYLAND
Page 4		b. CITY OR TOWN [If outside corporate limits, write RURAL ond give nearest town] end give nearly from CACATOR F
es. es. prior to	00	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
vnerol d your fill egistrar		3. NAME OF DECEASED (Type or print) JAMES LUTHER BUTLER DEATH 6 29 1951
ned for		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 10-15-1902 FLOW Months Doys Hours Min.
and 3 to retail	(I)	10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY
moy b		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. G. G. G. G. B. B. C. C. A.
ive Page Page 5 File pag	0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Too., no., or unknown) (If you, give wor or dotes of service) CASE, LENNIE KENT 921 N J AVE. SE D.C.
n PM3. Permit.		18. CAUSE OF DEATH [Enter only one cause per line (0) (0), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Well fel Wessey lace 6-29-5
in Item vith for ronsit		989X DUETO DA TO DE ANIMA 6 36 5
pencil along v burial-l		gove rise to immediate cause (o), storling the underlying couse lost. Course lost.
ling" in Office	S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
d 'pend ominer's		200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of item 18.) 20c. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH.
the war dical Exe e 3 shou		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or Jown) (County Listote) Hour P. m. 6 - 49 19 3 7 of work of
writing nief Mex NR: Pog		21. certify that) toak charge of the remains described above, held on Autopsy . Inspection Inquiry . and find that death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
in the state of th	2	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER D. DATE SIGNED
the cert orded to VERAL 1	moval.	EXAMINER'S F J.F DELEN 17) ASSISTANT MEDICAL EXAMINER 7-1-57
forward FUR	5	229. BURIAL CREMATION, 122b. DATE THEREOF 122c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 1 -3 - 57 John Wisley Cem WALDERS Md
S. A15ME(:	5)	23. FUNERAL DIRECTOR'S SIGNATURE HUNCE FUNERAL HOME WALDERS WAS STEED BY REGISTRAR'S SIGNATURE 64TH Q 1057 M. J. Manuales

BUREAU V. S.

1021 8 TO21

06233

0.444			R	eg. Dist	. No	*****************
1. PLACE OF DEATH		2. USUAL RES	DENCE (HOME) OF D	ECEASEI	D	-
COUNTY Charles	MARYLAND	STATE Mary	rland county	Charle	es	
CITY (if outside corporate limits, write RURAL OR and give nearest town) TOWN Rural—Indian Head Md	(In this place)	CITY (II) outside	corperete limits, write RURAL e 11—Indian Head	Ndi	rest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If carel give	ve location)		\
3. NAME OF (First) DECEASED (Type or Print) George Carroll	(Middle)	(Last)	4. DATE (Mor	-8-57	(Dey)	(Year)
5. SEX 6. COLOR OR 7. SINGLE, MARR WIDOWED, DI (Spe Warr)	VORCED,	2_1889	9. AGE last birthdey 67 yrs.	IF UNDER Months	1 YEAR Deys	Hours Mil
done during most of working life, aven if	nd of Business R INDUSTRY LCal Care	11. BIRTHPLACE (State of			COUNTY US	
IJ. FATHER'S NAME UN K		14. MOTHER'S MAI	DEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMAN	ra address 's Geo Casto, B	ryans	Road	Md
2 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL C	ERTIFICATION				RVAL BETWEEN SET AND DEATH
162 MANEDIATE CAUSE (A) Gene	ral Asthenia				One	Month
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	nchio-Genic (Carcinoma	and the second s		One	Year
(c) Cere	bral Metasti:	30 5			6-M	ths
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
19a, DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION				YES YES	NO NO
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Hor OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY C		(Coun	nty)	(Steta)
Wh	. INJURY OCCURRED ills Not while work st work	21f. HOW DID INJURY C	OCCUR?			
22. I hereby certify that I attended the dece	d that death occurred	at.2;30PM. from t		date state m, state)	d abov	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Come 4/195	NAME OF CEMETERY	ant His	LOCATION (City, low	n, or county	110	(Stolo)
74. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	P	25. FUNERAL DIRECT		1 160	ADDRESS	Valder

CENTINGATE OF DEATH

ESTATE CONTRACTOR OF THE STATE OF STATE



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

06234

6245	KIIFICAII	OF DEA	Reg. D	ist. No.
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEA	BED
COUNTY CHARLES	MARYLAND	STATE MC	COUNTY	Charles
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (If outside corpor	rate limits, write RUBAL and give	nearest town)
TOWN and give nearest town) Plath	(in this place)		comico	
HOSPITAL OR		STREET	(if rural give locati	on)
INSTITUTION OR PHYSICIANS	VEMORIAL	ADDRESS		
3. NAME OF (First) DECEASED (Type or Print) OHN C	ARROLL (CLEMENTS	4. DATE (Month) OF DEATH	-8 -5 197
5. SEX 6. COLOR OR 7. SINGLE, MA WIDOWED, (Specify)	DIVORCED, 1AVVIED OCT	19 1895	P. AGE lest birthday IF UN Month	DER 1 YEAR IF UNDER 24 HR.
	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ROBERT LEE CLEM	ENTS	14. MOTHER'S MAIDEN N	CE THOMP	son
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A		Williamica
(Yes, no, or unk.) (M Yes, give war or dates of service)		- MARGL.	C/conents	wicomigo,
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	18, MEDICAL CER	TIFICATION /	1	INTERVAL BETWEEN ONSET AND DEATH
153X IMMEDIATE CAUSE (A) /N	TESTINAN 6	BSTRUCTIO	N	3 DAYS
DISEASES OR CONDITIONS, IF ANY, (B)	EOPLASTIC	PERITONI	TIS	3MOS.
STATING UNDERLYING CAUSE LAST. DUE TO A DE	NOCARCINON	A OF APPE	NDIX	14 MOS.
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			-	
190 DATE OF OPERATION 195 MAJOR FINDING		ARCINOMA - ,	ABDOMEN	20, AUTOPSY? YES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE (H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	lome, farm, factory, et, office bldg., atc.)	21c. WHERE DID INJURY OCCUR		County) (Stata)
	Ala, INJURY OCCURRED While Not while at work	211. HOW DID INJURY OCCUR	?	
22. I hereby certify that I attended the de	ceased from APRIL	1, 1956, to JUI	VE 8, 19 5 7, the	It I last saw the deceased
alive on 10 NES, 19.5.7, a	and that death occurred at	JOPPM, from the c	auses and on the date st	ated above.
SIGNATURE	Jarbo Emo.		ESS (Street, city, town, stell)	
23. BURIAL CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or do	
DURIAL G-11-37	St many	s cem.	NEWPORT	Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATE	JRE D	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE N. 1 0 1057 Bulley	1 Tosech	HUNTE FUI	VERAL HOME	WALDORF,
	1100			

CERTIFICATE OF DEATH

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BY TARREST OF THE OFFICE OF THE STATE OF THE



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6246 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY 6. COUNTY 44R11=6 MARYLAND b. CITY OR TOWN Itt autside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and a ve nearest town) DRYHIVTOWIV d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o. IS RES DENCE RUBAL YES KI NO NAME OF DECEASED Middle 4. DATE Lost Month Year OF DEATH (Type or print) ムドリノ 195 UNF 5. SEX 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 WRS. fast birthday) Months Doys Min. WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. CIXII SERVICE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages age 5 r 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 6-413.0 Conditions, if any, which gove rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) 19, WAS AUTOPS PERFORMED? NOB 20a. EXTERNAL CAUSE WAS PR MARY | Or CONTRIBUTING | 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) factory, street, office bldg, etc.) While Not while a. m. of work at work 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection Inquiry death resulted-from: Natural causes XI. Accident Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL SIGNATUR 00 ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) CCTURE DEPUTY MEDICAL EXAMINER X 220 SURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 22d. LOCATION (City, fown, or county) 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DECENTED TO

BUREAU V. S.

DECEINED.

BUREAU V. E.

a. COUNTY

NAME OF

DECEASED

couse lost.

SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6248 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. / PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived. If Institution: Residence before admission) G. STATE //b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elghts (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO DATE Month Year OF DEATH (Type or print) itt on 195 WARD 9. AGE Ito years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Months WIDOWED [DIVORCED T 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION [Give kind of work done] 10b. KIND OF BUSINESS OR INDUSTRY during most of working his agen if retired) 112. CITIZEN OF WHAT COUNTRY? SETULGE Baltimore dterma 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Not Known SOCIAL SECURITY NO. 17. INFORMANT 27. ONSET AND DEATH 18 CAUSE OF DEATH [Enter only one cause per tine for (a), (b), and (c). PART I. DEATH WAS CAUSED BY OTBN214 man IMMEDIATE CAUSE (a) hope 44-1-7-18 **DUE TO** 40ctrde Conditions, if any, which] gove rise to Immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY Carandry 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter-nature of injury in Part I or Part II of item 18 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, form, | 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (Stole) factory, street, office bldg., etc.) Hour a. m. Not while of work at work D. m. 21. I certify that I taak charge of the remains described above, held on Autopsy ... Inspection X Inquiry, and find that deoth resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined couse DATE SIGNED M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER [7] EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 22g. BURIAL CREMATION, 225, DATE THEREOF 72c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, town, or county) (State) 245: REGISTRAR'S SIGNATURE

REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR



	6249 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 10038
	1. PLACE OF DEATH O. COUNTY O. STATE D. COUNTY D. STATE O. STATE D. COUNTY D. STATE D. COUNTY D. COUN	e before admission)
	b. CITY OF TOWN It out the corporate limits, write RURAL and g and go nearest toggs. C. LENGTH OF STAY IN 1b c. CITY OF TOWN Its outs the corporate limits, write RURAL and g and go and go nearest toggs.	ive nearest town)
13	d. NAME OF AGSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	o. IS RESIDENCE ON A FARM? YES NO
	(Type or print)) ANDMA ROBIESTIN GILMOU DEATH 6	Day Year 1957
	5. SEX 6. COLOR ORRACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE ('n years brithdor) Middle Divorced 5 - 3 - 5 6 9. AGE ('n years brithdor) Mantha Date Date	ys Haurs Min.
11	during most of working life, even if retired)	N OF WHAT COUNTRY?
	13. PATHER'S NAME 14. MORHER'S MAIDEN, RAME 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address	lon
((Yes. no, or unhighen) (If yes, give war or dates of service)	
	PART I. DEATH WAS CAUSED BY: Mashor Cettoral Tremonleye	ONSET AND DEATH
7	Conditions, if ony, which governies to immediate course DUE TO	6-16-51
	(c), storing the underlying out to Jitulk here over here. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	
C		PERFORMED?
	GAUSE OF DEATH. JELICE CONTRIBUTING I JELICE CHIEF ONEY ITS HEAR Chief 3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. BLACE OF INJURY (Home, form, 120f. (City argum)) (County)	Let ples
<i>\$</i> .	21. I certify that took charge of the remains described above, held an Autopsy . Inspection of Inquiry	T, and find that
	death resulted from: latural causes Accident Suicide Homicide Undetermined cause .	e y and mig ma
,	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
S S S S S S S S S S S S S S S S S S S	EXAMINER'S DEPUTY MED.CAL EXAMINER (2) 220. BURIAL, CREMATION, 22b. DATE THEREOF (22c. NAME OF CEMETERY OR CREMATORY (22d. LOCATION (City, Jown, op county)	(State)
,	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. RESISTRAR'S SIGN	Here!
134	Carlhait- 12 - Xa-place Med DATE 7/1/57 Julia	Hasen

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificity, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director, Page 4 should be forwarded to this Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTER: Page 3 should be used = a bemial-transit permit. File pages 1 and 2 with the registrar prior to virial, cremation,

VS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Section 1

DEAD.

ENSTRUCTIONS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06239

CERTIFICATE OF DEATH

6250

Reg. Dist. No./00

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY PLANTE CO MARYLAND	STATE COUNTY
CITY (If outside corporate fimils, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR end give nearest town) TOWN (in this place)	OR Am 2
Long Cate mil	- TOWN Belatton Inval
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS D	ADDRESS
STREET ADDRESS / 12/4 / 12/1/2 /4 = 2/1/2	
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print)	C JI/c DEATH D 144
fripart allight	20 Harry DEATH June 14 1957
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	
(Spacify)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR (NDUSTRY	11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
ratired)	Charles Ca mal,
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
13. PAIREKS NAME	14. MOTHER'S MAIDEN NAME
Jeman of Harrey	P. m " 01"
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
[Yes, no, or unk.] [If Yes, give war or deles of service]	17. IN OURAN & ADDRESS
I trade and a sure in the took at a contract and a	Semma 94 arren
18. MEDICAL CER	RTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Tul	de andre
1620 IMMEDIATE CAUSE (A)	0 700
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	The same and the s
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
	21f. HOW DID INJURY OCCUR?
While Not while	
M. at work at work	
22. I hereby certify that attended the deceased from	, 19, to, 19, that I last saw the deceased
alive on, 19.1, and that death occurred at	t
SIGNATURE	ADDRESS (Street, city, town, stets) DATE SIGNED
M.D.	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Stells)
REMOVAL (SPECIEV)	4.
6-17-57 Comme //	Property Belaston most.
24. REC'D BY REGISTEAR REGISTRAR'S SIGNATURE	25. FUNERAL GIRECTOR'S SIGNATURE ADDRESS Cerefront Dr. e. Loy lote mod.
6/18/17 10000 7/4/200	Brehart me Soulate mod
DATE G/18/3/	Contract of the contract of th
11000 141 x 12/1	

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ZSE, 17 %.

BECTALED.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY o. STATE MARYLAND -1371 b. CITY OR TOWN of autical corporate out, while RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate liftits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? d. STREET ADDRESS 3. NAME OF Middle DATE DECEASED OF DEATH (Type or print) 5. SEX OLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HR lost birthday) Months Hours Min WIDOWED [DIVORCED yrs. 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Istole or for 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOQ AL Address SECURITY NO (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for 6] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) **DUE TO** Conditions, if ony, which gove rise to immediate couse **DUE TO** (a), stating the underlying covee lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES T No \square 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) PRIMARY | or CONTRIBUTING | Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. City of 20c. TIME OF INJURY (County) factory, street, office bldg., etc.) While Not while of work of work Pm 21. Certify that I took charge of the remains described above, held an Autopsy (Inquiry . Inspection 1 and find that death resulted from a Natural causes Suicide | Homicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ALD. ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 126. DAJE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 22d. LOCATION (City, lawn/ar county) (State) REMOVAL (Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

MEDICAL

O DEPUTY

cute the certiforwarded S FUNERAL

VS A15ME(5) 5M 9/55

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL OR

VS A15 (4) 15M 9/55

death: Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6252

CERTIFICATE OF DEATH

								Keg. I	DIST. 140	•	
1 PLACE OF DEATH a. COUNTY	CHARLES		MAR	rLAND 2	USUAL RESIDENCE (WI	here decease	b. COUNTY		ence befo		ion)
b CITY OR TOWN RURAL and give WALDO	D.17	ts, write	c. LENGTH OF STAY	IN lb	c CITY OR TOWN (IF C		orole limits, write	RURAL and	d give ne	arest fowr	1)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, (sive street	address)		d. STREET ADDRESS					e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or print) D	ONALD LE		Middle (OOD)		Lost	4. DATE OF DEATH	JUNE 15	1957	7 7	•	Year 19
5 SEX	6. COLOR OR RACE	7. MARR	NEVER MARRI		EB. 6 1945		9. AGE (In years last birthday) 12 yrs.	Months		Hours	Min.
100 USUAL OCCUPAT during most of wo SCHOOL	rking life, even it refired	dane 10b.	school	OR INDUSTR	Y 11 BIRTHPLACE (State	ar fareign a	country)	12. C	US	F WHAT	COUNTR
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME					
JAMES H	OOD				MAE PEAR	RSON					
15. WAS DECEASEDEV	ER IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. INFO	DRMANT		Ado	lress .			
NO	to long the non-or-order or c	,	NONE	MRS	MAE GORDON	1	WALD	ORF,	MD.		
Canditians, if gave rise to cause (a), stating lying cause last	the under-		ancev	cope.	16010 Evingry	uari	Lugar	\$		SET AND	
5	AS UNDERLYING []				T RELATED TO THE TERM			VEN IN PA	ART I(a)	PERFO YES [NO []
	G CAUSE OF DEATH MEDICAL EXAMINER)			resines !	and notice of injury in		.,				
20c, TIME OF INJU Hour a. p. m.	RY Month, Day, Ye	While	Nat while at work	20e. PLACE factor	OF INJURY (Home, form y, street, affice bldg., etc.	20f. [Cit	y or tawn)		(County)		(State)
21. I certify to alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the	deceas , 12	ুন্দী	death o	19 5 C, to 5.5 courred at 6.5 F.			and on			
220. BURIAL CREMATING REMOVAL (Specify BURLAL)	0N, 22b. DATE THERECO)F	St. Pauls		REMATORY etery	22d LOCA	TION (City, town, aldorf,	or county)	(State	r)
23. FUNERAL DIRECTO			ADDRESS	166	24q., REC'	D BY-REGIS	TRAD T 289. REGI	STRAR'S S	IGNATU	E)	

BUREAU V. S.

DECEINITY.

DEMUTY

BUREAU V. E.

10N 25 1957

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE O	1	X	625 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Subject of Dearly	N Is	(M	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Description	Phonic Company	W	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 5. COUNTY 6. COUNTY
S. STEET ADDRESS S. STEET AD	ge 4		
1. NAME OF PRINT COUNTY 1. NAME OF PART 1. DESTRICT CASE OF DATE 1. ADMITS OF PART 1. DESTROATED 1. ADMITS OF DATE 1. ADMITS OF NAME	P. O		
DECRASE OF PRINT S. SEX 6. COLOR OR PACE 7. MARRIED MAYER MARRIED S. DATE OF BIRTH 10. ACC (in year) Myoniba One 10. SEX Myoniba One Myoniba	directiles.		ON A FARM?
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The state of yearing most of yearing the same of registers and the same of the	ned for th the r		M C Woods T Woods T Line / LG LG Months Doys Hours Min.
The property of the property o	e refoi	(I)	Buting most of ylacking life, oven if refuset)
(1) yet, give was are desired symbol. (1) yet, give was are desired symbol. (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	may the		
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Conditions, if ony, which gover its to Immediate course (o), stoling the underlying out to Immediate course (o). Stoling the underlying out to Immediate course (o), stoling the underlying out to Immediate course (o). Stoling the underlying out to Immediate (o	E E		PART I, DEATH WAS CAUSED BY:
[c], storting the underlying DUE TO	with fo	4	(Canditions, if ony, which) (b) Cansulf / total
PERFORMED? YES NO [20a EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20a EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20a EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20a EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20a EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20a EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20a EXTERNAL CAUSE WAS PRIMARY 20b. (County) (County) (Stote) (County) (County) (County) (County) (County) (Stote) (County) (County)	olong buria		(a), stating the underlying Cause lost.
CAUSE OF DEATH. CAUSE OF DEATH. CAUSE OF DE	Sod as	0	PERFORMED?
21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find to death resulted from . Natural causes . Accident . Suicide . Hamicide . Undetermined cause . ACTUAL SIGNATURE . ACTUAL SIGNATURE . ACCIDENT MEDICAL EXAMINER . TASSISTANT MEDICAL EXAMINER . 220. BURIAL, CREMATION . 225. DATE THEREOF . 22c. NAME OF CEMETERY OR CREMATORY . 22d. LOCATION (City, John, or county) . (Slote) . ALSME(5) 23. FUNERAL DIRECTOR'S SIGNATURE . ADDRESS . 240. REC'D BY REGISTRAR . 244. REGISTRAR'S SIGNATURE . ADDRESS	id be u		20g EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH. 20b. PESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of Item 18.)
death resulted from Matural causes . Accident . Suicide . Hamicide . Undetermined cause . ACTUAL SIGNATURE . ACCIDENT MEDICAL EXAMINER . EXAMINER'S NAME (Type) 220. BURIAL, CREMATION . 220. DATE THEREOF	licol Ext 3 shou		20c. TIME OF INJURY Month, Day, lear 20d. HUJURY OCCURRED 20c. PLACE OF INJURY (Home, form, 20f. (City or Jown) (County) (State), Hour a.m., While Not while factor, freet, effice bldg., etc.)
ACTUAL SIGNATURE SIGNATURE College M.D. CHIEF MEDICAL EXAMINER	Pogo		21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry , and find that
SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) 220. BURIAL, CREMATION, 220-DATE THEREOF REMOVAL (Specify) 221. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 222. NAME OF CEMETERY OR CREMATORY 223. FUNERAL DIRECTOR'S SIGNATURE 233. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 2447. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 2447. REGISTRAR'S SIGNATURE	Chief TOR:		death resulted from Matural causes . Accident . Suicide . Hamicide . Undetermined cause .
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23. FUNERAL DIRECTOR'S SIGNATURE ALSME(5) AL	varded	O O O O O O O O O O O O O O O O O O O	EXAMINER'S NAME (Type)
AISME(5) Prohant Ing Joulete ma. 7/1/27 J. 1. 7/1/20		5	REMOVAL (Specify) 6-5-57 met Christ north of C.
)	Garlat 9-12 Taylote mode 7/1/-

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6255 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND Charles b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] and give nearest town) Marbury Marbury d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE prid ON A FARM? YES INO I 3. NAME OF First 4. DATE Month Losi Doy Year DECEASED OF (Type or print) DEATH 19 57 GEORGE MADDOX 16 June 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [8. DATE OF BIRTH 9. AGE (In yours IF UNDER TYEAR IF UNDER 24 HRS Months Days WIDOWED [Male Colored DIVORCED T yrs. 10a USUALOCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 9 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? pe Pe YOF 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Poges 10 oge EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give m 11 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVALATIWEEN PART I. DEATH WAS CAUSED BY: Drowning, Found Drowned IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES IX NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18) 20o. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING THE Found drowned. Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY (County) (Stola) factory, street, office bldg., etc.) Not white. of work of or work A Mattawoman Creek Near Indian Head Charles 21. I certify that I took charge of the remains described above, held an Autapsy 🛣, Inspection , Inquiry , and find that death resulted from: Notural couses - Accident , Suicide Homicide | Undetermined cause 😿 ACTUAL DATE SIGNED SIGNATUI forwarded to make and the cert ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER Paul Guerin, M.D. 220. BURLET, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY /22d. LOCATION (Dity, Iown, or county) (Stole) PEMOYAL Specify 0 2210 23. FUNERAL DIRECTOR'S **ADDRESS** SIGNATURE 24a, REC'D BY REGISTRAR 246/REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

H



7261 13 N.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 6256

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Charles MARYLAND	STATE Maryland COUNTY Charles
CITY (If outside corporate timits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) TownIndian Head (in this piece)	X TOWN Indian Head
HOSPITAL OR	STREET (If rurel give fosetion)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Yest)
(Type or Print) William Joseph MAT	TINGIN DEATH June 26. 19 57
5. SEX . 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	((\(\C)L_1\)
RACE WIDOWED, DIVORCED,	Months Days Hours Min.
	10, 1872 85 yrs.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
UtiredS. Gov. Ret.	New York US.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T. Mattingly	Eliz. E. Franklin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Many E. Mattingly Indian Head, Md.
18. MEDICAL CER	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSEI AND DEATH
1 IMMEDIATE CAUSE (A) Cosperation -	dailure lacy
ANTECEDENT CAUSE(S) DUE TO	7 days
DISEASES OR CONDITIONS, IF ANY, (B)	and merced not
STATING UNDERLYING CAUSE LAST, DUE TO	in the total and income
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	is ryan arease 10 open
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
37/X	YES NO T
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	Tc. WHERE DID INJURY OCCUR? (City or town) (County) (Slete)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	PIF. HOW DID INJURY OCCUR?
M. While Not while at work et work	
22. I hereby certify that I attended the deceased from May	., 19 4. 7, to
alive on 2.6 dunc 19.5 7 and that death occurred at.	
SIGNATURE	257 , ADDRESS (Street, city, town, stets) _ DATE SIGNED
Towood M.D.	La Plata. 11d 26 Jams 7
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Siete)
REMOVAL (SPECIFY) Burial 6-29-57 St Joseph's	Cem. Pomfret, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
1111 1 1057 F1 CF	
DATE III	The Huntt Funeral Home Waldorf, Md.

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hears after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital or attending physician.

VS AISC 1-55 10M =



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6257MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE: (Where deceased lived. If Institution: Residence before admission) COUNTY D. STATE b. COUNTY MARYLAND b. CITY OR TOWN IN outside c. LENGTH OF STAY IN 16 c. CITY 98 TOWN (If autide corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hespital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO FT 3. NAME OF Middle Year DECEASED DEATH (Type or print) ىل 19 9. AGE (In yours 5. SEX 7. MARRIED THEYER MARRIED IF UNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE Months WIDOWED [7] DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY (1, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 9 2 during most of working/life, even if retired) puo pup Pages 1, 2, age 5 may 1 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME. Page 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) Give INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c). permit PART I. DEATH WAS CAUSED BYlecent. with form IMMEDIATE CAUSE (a) **burial-transit DUE TO** Canditions, if any, which pencil along gave rise to Immediate couse **DUE TO** (a), stating the underlying cause last . :: D Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERM NAUDISEASE CONDITION GIVEN IN PART 1/61/19, WAS AUTOPSY Ö PERFORMED? pending used NO Z Examiner's 200. EXTERNAL CAUSE WAS
PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18) 3 should the word 20e. PLACE OF INJURY (Home, form, 20f. (City of Joyn Month, Day, Year 20d. INJURY OCCURRED 20c. TIME OF INJURY (County) (State) fectopy, street, affice bldg. Nat while 2 1947 at work at wark 21. I certify that I took-charge of the remains described above, held an Autopsy Inquiry Accident 14, death resulted from:/ Natural causes Suicide . Homicide Undetermined cause forwarded to DATE SPEND ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [EXAMINER' DEPUTY MEDICAL EXAMINER [2] NAME (Type) 220. BURDAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d. LOCATION (CHY, Jown, or county) (Staté) ADDRESS 23. FUNERAL DIRECTOR'S SIGNAPUNE 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

VS. A15ME(5) SM 9/55

BUREAU V. S.

JUN 12 1957

BECEIVED

NSTRUCTIONS

TO ATTENDIN

06245

6258 CERTIFICATE OF DEATH

Reg. Dist. No./00

COUNTY CHAPTES CITY (It autiles converse halls, write RURAL LINGTH OF SAY CITY (It autiles converse halls, write RURAL LINGTH OF SAY CITY (It autiles converse halls, write RURAL LINGTH OF SAY CITY (It autiles converse halls, write RURAL LINGTH OF SAY CITY (It autiles converse halls, write RURAL LINGTH OF SAY CITY (It autiles was halls, with a subtract of the say of the sa	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
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TOAL USUAL OCCUPATION (Give kind of work done during most of working life, even if NOTE BUSINESS on COUNTY Maryland 12. CITER OF WHAT COUNTEY? IN SHAPPLACE (Stea or foreign country) Charles County Maryland 13. FATHEYS NAME Charles County Maryland 14. MOTHEYS MADEN NAME Charles County Maryland 15. WAS DECLASED EVER IN U. S. ARMED FORCES? (18. No. or unk.) (If Yes, give wer or dates of minics) ID USEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I DISEASES OR CONDITIONS, IF ANY. CONNECTED TO THE ABOVE CAUSE (A) COTODATY HEAT DISEASE ANTECEDRI CAUSE(S), IF ANY. CONNECTED TO THE ABOVE CAUSE (S) USE TO (C) Semility 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH OF CONDITIONS CONTRIBUTING OR CONTRIBUTING CAUSE (A) AND CONTRIBUTING CAUSE (F) (C) Semility 21d. TIME OF INJURY (Monik) (Day) (Year) (Hour) 21b. NJURY OCCURRED Mind Of INJURY (Monik) (Day) (Year) (Hour) 21b. NJURY OCCURRED Mind OF INJURY (Monik) (Day) (Year) (Hour) 21b. NJURY OCCURRED Mind OF INJURY (Monik) (Day) (Year) (Hour) 21b. NJURY OCCURRED Mind OF INJURY (Monik) (Day) (Year) (Hour) 21b. NJURY OCCURRED Mind OF INJURY (Monik) (Day) (Year) (Hour) 21b. NJURY OCCURRED Mind OF INJURY (Monik) (Day) (Year) (Hour) 21b. NJURY OCCURRED Mind OF INJURY (Monik) (Day) (Year) (Hour) 21b. NJURY OCCURRED Mind OF INJURY (Monik) (Day) (Year) (Hour) 21b. NJURY OCCURRED Mind OF INJURY (Monik) (Day) (Year) (Hour) 21b. NJURY OCCURRED Mind OF INJURY (Monik) (Day) (Year) (Hour) 21b. NJURY OCCURRED Mind OF INJURY (Monik) (Day) (Year) (Hour) 21b. NJURY OCCURRED Mind OF INJURY (Monik) (Day) (Year) (Hour) 21b. NJURY OCCURRED Mind OF INJURY (Monik) (Day) (Year) (Hour) 21b. NJURY OCCURRED Mind OF INJURY (Monik) (Day) (Year) (Hour) 21b. NJURY OCCURRED Mind OF INJURY (Monik) (Day) (Year) (Hour) 21b. NJURY OCCURRED Mind OF INJURY (Monik) (Day) (Year) (Hour) 21b. NJURY OCCURRED Mind OF INJURY (Monik) (Day) (Year) (Hour) 21b. NJURY OCCURRED Mind OF INJURY (Monik) (Day) (Year) (Hour	I IC. I III I I IS I ISonality verification 2.11	3-1870 87 yn.
The state of the s	10a, USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME Charlos Honry Poscy 15. WAS DECEASED FYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. NONE NONE I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) COTONDRY HONT DISEASE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY. (B) ATTORIO—SCIETOSIS STATING UNDERLYING CAUSE LAST, DUE TO STATING UNDERLYING CAUSE LAST, DUE TO 17. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 21. ACCIONT WAS UNDERLYING OF INJURY Street, office bidg., etc.) 18. THERE SIGNIFICANT CONDITIONS CONTRIBUTING OF OPERATION 21. ACCIONT WAS UNDERLYING OF OPERATION 22. AUTOPSY? YES NO 23. AUTOPSY? YES NO 24. AUTOPSY? YES NO 25. THERE OF INJURY (Monih) (Day) (Year) (Hour) (21a. NULVEY OCCURRED NO NOW While Not while of work	Ibunitan	Charles County Maryland US
Charles Henry Posey IS. Was deceased ever in U. S. Armed Forces? If was, no, or unk.) (it yas, give wer or datas of service) I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVEN RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. III OF THE SIGNIFICANT CONDITIONS CONTIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION A UNDERLYING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, IF EITHER, NOTHY MEDICAL EXAMINER 21d. TIME OF HULRY (Monith) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not while with work in while with work in while with work in while with work in while with while with work in while with work in while with work in while with with the causes and on the date stated above. ADDRESS (Stream, city, town, stela) DATE SIGNED 17-POTOMICA CREMATORY (LOCATION), power, or county), (Stele)		
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I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) GOTODATY HOATT DISEASE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) ATTOTIC—SCIETOSIS GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Semility If OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DESEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 216. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF FINJURY Street, office bidg., etc.) 121d. TIME OF INJURY (Monith) (Day) (Year) (Hour) While SI Work 122d. TIME OF INJURY (Monith) (Day) (Year) (Hour) While SI Work 124d. TIME OF INJURY (Monith) (Day) (Year) (Hour) AND THE STATEMENT OF THE CAUSE AND AND ADDRESS (Street, city, town, stela) DATE SIGNED ADDRESS (Street, city, town, stela) DATE SIGNED NAME OF CREMATORY 10 COATION (City, rown, or county) (Sitele) DATE SIGNED NAME OF CREMATORY 10 COATION (City, rown, or county) (Sitele)		Dorrs Morganis Hedges, 14-E-60th St.
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GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Sentlity If other significant conditions contributing to the death but not related to the Distance of Condition Causing Death. If a. Date of operation If a. Date of operation If either, notify medical examiners If either, notify medical examiners If either, notify medical examiners If either of injury (Month) (Day) (Yaar) (Hour) 21a. Injury occurred while at work at work. If either of injury (Month) (Day) (Yaar) (Hour) 21a. Injury occurred while at work at work at work at work. If either of injury (Month) (Day) (Yaar) (Hour) 21a. Injury occurred at	ANTECEDENT CAOSE(3)	
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alive in 6-14-57 (9) and that death occurred at 5-15 Mrom the causes and on the date stated above. BIGHAGURE ADDRESS (Street, city, town, state) DATE SIGNED ADDRESS (Street, city, town, state) PATE SIGNED ADDRESS (Street, city, town, state) DATE SIGNED 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)		
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24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 6/18/17 July Hosey (Elepartine Xaplalate	DATE 6/18/17 July Hasey	Cerepartine Xc/26ala

DECENTED

BUREAU V. A.

7801 FS NUL

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	06946
	6259 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	10450
	sten 7 Filmeri Ger-57 et	eg. Dist. No. / O
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If Institution a. STATE + C. Carl b. COUNTY	Residence before admission)
Ē	b. CITY OR TOWN (II office corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and a re-negret form)	AL and give nearest town)
	Marchan Mos	in in v
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO 2
	3. NAME OF DECEASED (Type or print) LEN LEST 4. DATE OF DEATH	14 19 J 7
	7/7 D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INDER YEAR IF UNDER 24 HRS. Inthis Days Hours Min.
/	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BURTHPLACE (State artoreign country) during most of working life, even if retired) Litter Litter	2. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	
	Allienes after young Conge	m
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 177. INFORMANT Address (11 year, give wear or dates of service)	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	
	782 X DUE TO AL	1 , 0
	Conditions, if any, which gave rise to immediate couse	6-14-01
	(a), stoting the underlying DUETO Cattlery one of the gleet resent on	tuest
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN I	N PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18.) Laure of Death.	
	20c. TIME OF INJURY Month, Day, Year Hour a, m. p. m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctor) foctor) foctor period of work	(County) (Store)
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection .	nquiry [4]; and find that
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cous	e 🔲.
	ACTUAL SIGNATURE . A.C. CHIEF MEDICAL EXAMINER .	DATE SIGNED
	EXAMINER'S ASSISTANT MEDICAL EXAMINER D	1150
	NAME (Type), DEPUTY MEDICAL EXAMINER	6-10-01
	220-BIDRIAL CREMATION 226. DATE THEREOF 220-NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or co	we SC.
	23. FUNERAL DIRECTOR'S SIGNATURE JOE ADDRESS. ADDRESS. Delate loate 6/20/07 Sul	R'S SIGNATURE PAREY

DECEINED SE

BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where, deceased fixed. If institution: Residence before admission) a. COUNTY o. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN I Founds corporate Junity write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN/III autside corporate limits, write RURAL and give nearest town) rute to the d. NAME OF HOSPITAL OX INSTITUTION (If not in hospital, give street address) d. STREET ADBRESS e, IS RESIDENCE YES TO NO T 3. NAME OF First Middle DATE Lost Yeor DECEASED (Type or print). DEATH 5. SEX 9, AGE fin years 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TH IF UNDER TYPART IF UNDER 24 MRS Months Doys Hours Min. WIDOWED [7] DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S TOAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. CAUSE OF DEATH | Enter only one cause per lipe londo), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPS PERFORMED? NO [20d. EXTERNAL CAUSE WAS PRIMARY | Or CONTRIBUTING | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of ilem 18.). CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE/OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) 0.00 While Not while of work at work D. M. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 7 Inquiry death resulted from: / Natural causes [Accident . Suicide Homicide . Undetermined cause ACTUAL 10.00 CHIEF MEDICAL EXAMINER SIGNATURE forwarded 5 FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S/ DEPUT NAME (Type) DEPUTY MEDICAL EXAMINER [7] 22a BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** R46. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

NOW IS 1957

BUREAU V. K.

24 hours after death.

certificate be executed with

M IN A

TO FUNEXAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third-copy, of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06248

6261 CERTIFICATE OF DEATH

Reg. Dist. No. / 0.0

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED		
	COUNTY COLOR MARYLAND	STATE GRYTAGE COUNTY COUNTY		
	CITY (It outside corporate limits, write RURAL OR end give nearest town) TOWN La Plata	CITY (It outside corporete limits, write RURAL and give necrest town) OR XO TOWN OCIC Point 11		
	HOSPITAL OR INSTITUTION OR STREET ADDRESS L'AVELCIANS L'ALORICE L'ALORICE L'ALORICE L'ALORICE HOSPITAL OR INSTITUTION OR INS	STREET / (If rural give location) ADDRESS		
	3. NAME OF (first) (Middle) DECEASED (Type or Print) John V. Shorter	(Lest) 4. DATE (Month) (Dey) (Yeer) OF DEATH June 1/, 19 57		
	5. SEX 6. COLOR OR RACE, WIDOWED, DIVORCED, (Specily) (Specily)	of 7 773 Yes. Months Days Hours Min.		
	10a. USUAL OCCUPATION (Giva kind of work done during most of working file, evan if retired) 10b. KIND OF BUSINESS OR INDUSTRY	it. BIRTHPLACE (State or foreign country) Laryland 12. CITIZEN OF WHAT COUNTRY? U		
	13. FATHER'S NAME Xx time Ed. Shorter	Elegabeth Tong		
	19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (II Yas, give wer or deles of service)	17. INFORMANT & ADDRESS		
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION ONSET AND DEATH ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO				
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	rleusion 7		
	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	*		
ħ	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO		
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Jarm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED White Not white et work	211. HOW DID INJURY OCCUR?		
ı		, 19, to, 19, that I last saw the deceased t, from the causes and on the date stated above.		
1-55 10M	signature Release Mr.	ADDRESS (Street, city, town, state) DATE SIGNED		
A15C 1.	23. BURIAL/CREMATION, DATE THEREOF NAME OF CEMETERY OR	thout Iller icief		
VS	DATE 6/8/57 Helia Hasey	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (Le Court lace Y of the Court		

DECENCED

BUREAU V. S.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY a STATE Maryland b. COUNTY Charles MARYLAND b. CITY OR TOWN III out E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Irons ides d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 216: YES NO 3. NAME OF Middle 4. DATE Year DECEASED (Type or print) DEATH 19 5. SEX COLOR OF RACE MARRIED LA NEVER MARRIED 8. DATE OF BIRTH 9. AGE In years IF UNDER TYPAR IF LINDER 24 HW 1904 23, Months Nov WIDOWED [DIVORCED [yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MBA Minnesota Financial 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry H. Stafford Edith Bayley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes (Wife), Stafford Mary Ironsides.Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND GLATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** 6 - 13.1 Conditions, If any, which gove rise to Immediate cause **DUE TO** (o), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED? NO [20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING 20b. DESCR.8E HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 209 PLACE OF INJURY (Home, form, 1 20f. (City or town) [County] (State) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m. 21. I certify that brook clorge of the remains described above, held an Autopsy Inspection . Inquiry death resulted from: Accident , Suicide , Homicide . Undetermined couse . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 226. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Burial 7/3/57 Arlington National Pennsylvania 23 FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS. A15ME(5) Washington.

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MEDICAL EXAMINER:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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After

4 hours after death.

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VS A15C 1-55 10M -

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death certificate has been executed by the attending physician and completely filled in by the funeral director, the third/copy death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06249

6263 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Charles MARYLAND	STATE OTCL COUNTY Charles
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neeses) town)
OR and give powerst town) TOWN Bryans Road Control Oyrs	KITOWN Brydns Rodd
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If ruref give location) ADDRESS
3. HAME OF (First) (Middle) (Type or Print) Robert	Thomas DEATH June 2 195
Tale Colored (Specify) Wedowad Ma	F OF BIRTH 9. AGE lost birthday IF UNDER 1 YEAR Hours M 17, 1848 9. AGE lost birthday Yrs. Months Days Hours M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) TOP MET TO THE TOP TO THE T	11. BIRTHPLACE (State or foreign country) Port Tobdeco, Md 12. CITIZEN OF WHAT COUNTRY). S
13. FATHER'S NAME NOT Known	14. MOTHER'S MAIDEN NAME Notknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. gr unk.) (If Yes, give war or detes of service)	Gracie Thomas Washington DC
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION (NTERVAL SINTERVAL ONSET AND DEATH
IMMEDIATE CAUSE (A) (Ersbrd)	Hemorrhage 3wles.
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSYY YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg , etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Steta)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not whife et work at work	2H. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	195%, to Vans) 1957, that I last saw the decea
alive on June 1, 125 7 and that death occurred	at. SM, from the causes and on the date stated above.
SIGNATURE LE LE Duna	ADDRESS (Straet, city, lown, stele) DATE SIGN () - C
23. BURIAL, CREMATION, LATE THEREOF I NAME OF CEMETERY	OR CREMATORY LOCATION (City, town, or sounty) . (State
REMOVAL (SPECIFY)	me Balast Brusano Read Mil
24. REC'D BY, REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE THE PLACE	I will I work for the

A WARRUR

ZSGT Z NOT

DECENTED

.~/.	MARYLAND STATE DEPARTME	NT OF HEALTH—BALTIMORE, 18 06250
e B	6264MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH
47	1 MACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
	a. COUNTY (/4 Ret (LS) MARYLAND	o. STATE b. COUNTY
538"	b. CITY OR TOWN (If ourside corporate limits, write BURAL C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	n-route to La Plata	McConchie
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE
00	Auto enroutez	ON A FARM? YES NO
	3. NAME OF A First Middle	Lost 4. DATE Month Doy Year
	(Type or print) /// // // (Type or print)	Married DEATH 6 3 195
	5. SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (to year leat birthday) Marth Day Hunder 24 HAS
[)	Megro WIDOWED DIVORCED	174-5 Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during mosk of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
** //		McConchie, Maryland U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	(letour) nomas.	Mary Tropene Blanca
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 17es. no. or unknown) (H yes, give wor or detect of survice)	NFORMANT / Address *
-		A
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).	INTERVAL BETWEEN OFFET AND DEATH
	IMMEDIATE CAUSE (o)	~ ather 6-1-5/
	DUE TO	
	Conditions, If any, which gove rise to immediate cause	
	(a), stating the underlying DUE TO	
	couse last. (c) (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?
	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Er	NO
	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC facto of work of work of work of work	pry, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above	ve, held an Autopsy . Inspection . Inquiry . and find tha
		cide [], Homicide [], Undetermined cause [].
	P(/// 1 -	
	SIGNATURE 1: CCACCER	M.D. CHIEF MEDICAL EXAMINER [
-	1411-1-10	ASSISTANT MEDICAL EXAMINER
	EXAMINER'S NAME (Type)	DEANTY MEDICAL EXAMINER
	270- BURIAL CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (Crty, town, or county) (Stote)
	Bright Hune if 1957 Promot Richar	of Thomas Mc Conchie mol-
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
	(Krehart Inc I gleder my	DATE 6/10/5-7 Julia Haray
	*	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director., Page 4 should be forwarded to Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the registrar prior. Puriot, preferring

VS. A15ME(5 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S

DECENTED TO

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6265 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06251

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission)
Charles MARYLAN	o. STATE Md. b. COUNTY Charles
b. City OR TOWN (if outside corporate limits, write RURAL and give neares) town	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hughesville (Rural) 0	Hughesville (Rural)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS IS IS RESIDENCE
	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MARY	TOVE DEATH 6-9 Day Year 19 57
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BRIH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS
WIDOWED DIVORCED	1903 S4 yrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
maid domestie	Md. BSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wihhiam W. loye	Jane Eslep
(Yes, no, or unknown) [If yes, give wer or dotes of serfice)	INFORMANT Address
Ten unk	& Sales B. loye. Hughes ville Mo
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: UMMEDIATE CAUSE (a) STAB WOU	ND OF HORTA
1/2 2 x DUE TO	
Canditians, If any, which) (b)	
gave rise to immediate cause Que TO	
couse fast. (c)	
PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
8	YES NO
≥ PKIMART LL OF CONTRIBUTING LL	(Enter nature of injury in Part I or Port II of Item 18.)
	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) inclory, street, office bldg., etc.)
p. m. 19 at wark at work	
21. I certify that I took charge of the remains described at	pove, held an Autopsy 🔲, Inspection 🔲, Inquiry 🗍, and find tha
death resulted from: Natural causes , Accident , S	vicide 🔲, Homicide 📈, Undetermined cause 🗍.
Desc o	
SIGNATURE /// // Ingher	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S A S GOLGO	ASSISTANT MEDICAL EXAMINER
NAME (Type) K S. CISHER	DEPUTY MEDICAL EXAMINER [] \(\Omega///_S\)
22d. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 6-12-57 St Mary's Co	m. Bryantown, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
The Huntt Funeral Home Waldorf, Md.	DATE 6/12/27 Muca Gossyn

VS. A15ME(5) 5M 9/55

BUREAU W

7861 81 NUL

DECENTION

06252

6266

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

AYSICIAN OR HOSPITAL: The law requires that the death by be retained by the hospital or attending physician.

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4 hours after death.

certificate be executed with

CERTIFICATE OF DEATH

Reg. Dist. No. j'co

I. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
1	COUNTY CHARLES MARYLAND	STATE / M/+RYEAN ROUNTY CHARLES	
}	CITY (If outside corporate limits, write RURAL CITY (In this place) TOWN A PLATA	CITY (if outside corporata limits, write RURAL and give neerest town) OR TOWN A A FIATA	
	HOSPITAL OR INSTITUTION OR PHYSICIAINS MEMORIAL HOSPITAL STREET ADDRESS PHYSICIAINS MEMORIAL HOSPITAL	ADDRESS WICOMICO STREET	
	3. NAME OF (First) (Middla) DECEASED (Type or Print) NARY BERNADETTO		
	FERNILE UN US, (Specify) SINGLE VUR		
/	10a. USUAL OCCUPATION (Giva kind of work done during most of working fife, aven if retired) 10b. KIND OF BUSINESS OR INDUSTRY 100 N E	11. BIRTHPLACE (Stela or foreign country) 12. CITIZEN OF WHAT COUNTRY? WAR RYCAND US	
	THOMAS SEFFERSON WALKER	ESTELLA ELIZABETH HUNTT	
,	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yas, give wer or dates of service)	THOMAS I WALKER THOMAS I WALKER	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
		PEMATURITY (EDC-10/1457) 34 hrs.	
	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	VENT OF CENTRAL NERVOUS 34 hrs	
		CENTA PREVIA (MATERNIK) -	
,	193. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO	
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not while at work at work	211. HOW DID INJURY OCCUR?	
ı	and the second of the second o	, 19 , to	
g	alive on 19, and that death occurred	at	
2	Lolue W. Geeffein M.D.	Hughervelle lud. 6/18/5"	
700	23 MANAL (CREMATION, DATE THEREOF) NAME OF CEMETERY CONTROL (SPECIFY) 6-28-57 ST PETE	OR CREMATORY LOCATION (Chryfrown, or country) Listate)/	
2	24. REC'D AY REGISTON REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE HUNTE FUNERAL HEME ADDRESS ADDRESS	

MEEAU V. E.

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INSTRUCTIONS

24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06253

CERTIFICATE OF DEATH 6267

100 Reg. Dist. No..

COUNTY Charles			
WOULD AND AND AND AND AND AND AND AND AND AN	MARYLAND	STATE Maryland co	UNITY Charles
CITY (II outside corporate limits, write RURAL OR and give naerest town) TOWN La Plata	LENGTH OF STAY (to this place)	CITY (If outside corporete limits, write R	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians 11	emorial Hospital		urel give location)
3. NAME OF DECEASED (Type or Print)	(Middle)	WHITE DEAT	1.
s. sex 6. COLOR OR 7. SINGLE, WIDOW (Specify	FD. DIVORCED.	OF BIRTH 9. AGE less birth	dey IF UNDER 1 YEAR IF UNDER 24 HR Monihs Deys Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Lawrence Thite		Alice Johnson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unk.] [If Yes, give wer or deles of service]	16. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS	
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OUE TO (C) IX OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION J 199. MAJOR FIN	412	kremoni	J days
196. DATE OF OPERATION	DINGS OF OPERATION		YES NO E
216. ACCIDENT WAS UNDERLYING 216. PLACE OF CONTRIBUTING CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town)	(County) (Slete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) M.	21e. INJURY OCCURRED While Not while el work et work	211. HOW DID MURY OCCUR?	
	2 1 .	19.52, 10 6 -12 , 19	

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AND ASSOCIATED BENEFIT OF THE ASSOCIATED AND ASSOCIATED ASSOCIATED AND ASSOCIATED ASSOCIATED ASSOCIATED AND ASSOCIATED ASSOCIATED AND ASSOCIATED ASSOCI

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SATISFIELD STATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6268 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exertar. Page 4 shauld be Reg. Dist. No. 1 PLACE OF DEATH, 2. USUAL RESIDENCE/(Where deceased lived. If institution: Residence before admission) o. COUNT a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate-Hinits/write RURAL c. LENGTH OF STAY IN 16 c. CITY OB TOWN (If outside corporate lights, write RURAL and give segrest town) uneral directar. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS prid ON A FARM? YES NO 3. NAME OF Middle First Lost 4. DATE funeral Year DECEASED OF (Type or print) dny DEATH 190 the h 5. SEX 6. COLOR, OR MACE 7. MARRIED NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH IF UNDER TYPAR IF UNDER 24 HRS he retained Months Days Hours Min. WIDOWED T DIVORCED T with. YES. and 3 to 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 54 Pe Edwardsville. Penna. N may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages W Page 15. WAS DECEASED EVER JN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address Ğ. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which pencil gove rise to Immediate couse DUE TO (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. PERFORMED? NO. 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port JJ of item 18.) CAUSE OF DEATH. Should 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stole) octory atreat, Office bidg., etc.) While Not while o. m. writing the at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection nauiry and find that hief OR: death resulted from: Natural causes Accident . Suicide , Homicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE 00 cute the cert forwarded to 5 FUNERAL I ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote SMOVAL (Specify) 0 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

MEDICAL

DEPUTY

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BUREAU V. K.

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